

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034819

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 328
FILED SEP 3 1963

Primary Registration District No. 4501

Registrar's No. 21

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY STODDARD | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STODDARD | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BLOOMFIELD | | c. CITY OR TOWN BELL CITY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IN AUTOMOBILE ON STREET | | d. STREET ADDRESS (If outside, give location) R. F. D. #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First ANNIE Middle CHANDLER Last | | 4. DATE OF DEATH Month AUGUST Day 24 Year 1963 | |
| 5. SEX FEMALE | 6. COLOR OR RACE COLORED | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/7/1895 68 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK | | 10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME | 11. BIRTHPLACE (City and state or country) MISSISSIPPI |
| 13a. FATHER'S NAME LOUIS WHITE | | 13b. MOTHER'S MAIDEN NAME ELLEN BROWNLEE | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, NO or unknown) (If yes, give war or dates) NO | | 17. INFORMANT Address JIM CHANDLER RT. 1 BELL CITY, MO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occulison Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY SCOTT STATE MO. | | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at: 9:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Marsh Watkins - Coroner | | 22b. ADDRESS Dexter, Mo. | |
| 22c. DATE SIGNED 8-26-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 8-28-63 | 23c. NAME OF CEMETERY OR CREMATORY McMULLIN | 23d. LOCATION (City, town, or county) (State) SCOTT COUNTY MO. |
| 24. FUNERAL DIRECTOR ADDRESS EARL J. SMITH F. H. ORAN, MO. | | 25. DATE RECD. BY LOCAL REG. 8-29-1963 | 26. REGISTRAR'S SIGNATURE Donal S. Leggett |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

SEP 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ed J. Smith

Licensed Embalmer No.

3676

P. O. Address

Owen, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.